

**UTAH DEPARTMENT OF TRANSPORTATION  
FTA SECTION 5310  
APPLICATION FORM GUIDELINES**

**I      General Information**

- A. Legal name of application organization.  
Name appearing must be exactly the same as it appears on current Articles of Incorporation (if applicable), and on future contracts with the Department of Transportation and legal title of equipment if awarded.
- Aa Name may be different for insurance purposes (for further clarification call Program Manager)
- B. Address. Please include complete physical address and complete mailing address .
- C. Name of Project Contact Person (the person who has direct dealing with transportation provided). Provide contact persons telephone number, fax number, email address and web address if available.
- D. Documentation of Corporate Structure.  
Private non-profit applicants must submit (with completed application) **attach** copy of current Articles of Incorporation showing good standing status obtained through the Office of Business Regulations, State of Utah.

**II      Transportation Project**

- A. Service area of project.  
Name of geographical area to be served (i.e. where passengers are to be picked up, not where you will take them to); cities, towns, counties, etc.
- B. **Document** contact with other providers of transportation in your service area.
  - 1. Section 5310 Private Non-Profit applicants must contact by letter all public, private, and paratransit operators in your proposed service areas, telling them of your proposed project, your intention to apply for federal funding, and request their input. Send copy of letter and any comments received along with your application.
  - 2. Section 5310 Public Non-Profit applicants must **attach** a copy of public notice given in area newspapers offering to hold a public hearing. The notice must accurately describe the proposed project and its application for federal funds. **Attach** list of agencies and operators contacted either by letter or phone (include date of phone contact). **Attach** any written comments received.

C,D,E & F

(Note: Low Income for this purpose is 150% of poverty level but will passengers will not prove income)

Contact UDOT Specialized Transit Program Manager if you have questions on these items. (801) 965-4360.

- G. Contact Planners that cover your service area (could be city, county or regional). Obtain information from the Planners on projected populations. Include narrative or attach information obtained from Planner and have them sign to verify the source of the information.
- Ga **Include** an explanation of how your agency is currently providing outreach to minority groups. Please use the 2000 Census to identify the minority population in your area. Please **do not** send a copy of the statistics from the census. **Include** in your document how you are going to reach the minority populations in your area. **Attach/Include** any contacts made (times if phone calls), coordination agreements made with human service agencies. **Document** the process you used and the outcome of outreach.

### **III Estimated Capital Budget for Transportation Project**

1. Fill in blanks with approximate cost of vehicles for which you are applying.
2. Calculate figures and enter on "Total" line.
3. Please total cost of all vehicles requested and fill in Total Estimated Project Cost
4. Calculate 80/20 percentage rates and enter.

### **IV Local Match**

- A. List all sources of funds and dollar amounts to be used as local (non-federal) portion (20%) of project cost.
- B. Financial Management Plan.  
List specific source and dollar amounts to be used annually for the entire four year transportation project expenses. Please show all sources of local funding and the dollar amounts committed for payment of project expenses. Add total of "Other" then itemize "Other" sources and amounts on separate paper and **attach** to application.
- C. Estimate Annual Project Operating Expenses.  
Indicate estimated budget to cover cost of this project request for 4 years. Make sure your budget can support this request as well as your existing fleet. In other words, funds for matching the purchase of the capital equipment for your program.

**NOTE:** If total dollars on IV-B do not cover the estimate of IV-C, your application will not be accepted.

### **V Fiscal and Managerial Capability Certification**

The certification must be signed by someone outside the organization with sufficient knowledge of the financial and managerial capability of the Applicant. This could be a CPA, CPA firm, local city, county auditor, or other local government official.

### **VI Project Justification**

- A. Describe benefits to be derived from the project to the user. Explain how the project will improve service.
- B. Identify shortcomings of existing services and how your project will overcome them. **Attach** study and/or justification i.e. public forum results, studies, surveys etc. relevant to replacement of vehicles, expanded or starting new service.
- C. **Only complete this section if you are a current transportation provider.** Describe current transportation provided by the applicant. Include days and hours of service, average monthly passenger trips, average monthly mileage for all vehicles, number of vehicles and attach a current transportation policy.
- Ca. **Complete this section only if you are expanding transportation service or are a new provider.**  
List transportation intended daily service schedule, description of service and anticipated monthly ridership including target populations – if awarded grant. **Attach** current or intended transportation policy.
- D. **Document** human service transportation (elderly, persons with disabilities and low income) now being provided by other agencies in the service area of the project. Describe when these agencies were contacted, include their days and hours of service and the service area)
- E. Describe any plans to combine above transportation services and how this project will coordinate with existing transportation services.  
**Attach** any purchase of service and interagency agreements or documentation of unsuccessful coordination efforts.

### **VII-XI Vehicle Maintenance, Verification, Civil Rights, and Assurances**

Complete as per individual instructions.